

Angus Council - Young People Housing Support Housing Support Service

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Unannounced

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Angus Council

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About the service

Angus Council - Young People Housing Support is a housing support service and forms part of a range of services offered by the Council to care experienced young people between the ages of 16 and 26. Horizon (formerly the Throughcare and Aftercare Team) is the collective name for the range of services. A number of young people are making the transition into the service from residential, foster and kinship care or being looked after at home.

Some young people receiving the housing support service live in accommodation under the terms of a temporary accommodation occupancy agreement with Angus Council. The accommodation is located in single occupancy flats. This includes a 'training' flat which allows young people to trial independent living to see if it works for them.

Some of the flats have a concierge service which operates outside office hours, including overnight and at weekends. This provides a point of contact for young people, and includes building maintenance, aspects of safety and security and managing a secure visitor entry system. One block of 'step down' flats provides young people with a greater degree of independence and autonomy, including visitor access. As part of the wider throughcare and aftercare service (which is not part of the registered housing support service), Horizon has acquired additional flats in the community, to accommodate care experienced young people.

About the inspection

This was an unannounced inspection which took place on 7, 8, 9 and 13 January 2026. We visited the service base in Arbroath during office hours. The inspection was carried out by one inspector from the Care Inspectorate. To prepare for the inspection we reviewed information about the service. This included previous inspection findings, registration information, information submitted by the service and intelligence gathered since the last inspection.

In making our evaluations of the service we:

- reviewed survey responses from 11 young people, 10 staff and two visiting professionals
- spoke with six young people using the service
- spoke with eight staff and managers
- observed practice
- reviewed documents
- spoke with a visiting professional.

Key messages

- Young people benefitted from positive and nurturing relationships with staff who knew them well. They had support to make informed choices and achieve a successful transition into adult life, though a number of challenges remained.
- Following a difficult and disruptive period, and a subsequent review of key approaches, processes and policies, risks to young people's welfare and wellbeing had reduced. Keeping them safe was a high priority.
- Leaders had made meaningful strides in strengthening quality assurance and improvement processes and had created a more solid foundation for the service. There was still some way to go in order to maximise service resilience, delivery and outcomes for young people. Plans to increase capacity at leadership level were promising.
- Systems for managing records of incidents and protection concerns and some key protection processes needed attention.
- Staff were well supported to provide high quality care. Morale was improving following a stressful and difficult period.

From this inspection we evaluated this service as:

In evaluating quality, we use a six point scale where 1 is unsatisfactory and 6 is excellent

How well do we support people's wellbeing?	4 - Good
How good is our leadership?	3 - Adequate
How good is our staff team?	4 - Good
How well is our care and support planned?	4 - Good

Further details on the particular areas inspected are provided at the end of this report.

How well do we support people's wellbeing?

4 - Good

We evaluated this key question as good. This means there were a number of important strengths which taken together, clearly outweighed areas for improvement.

Young people had support to make informed choices, though for some this was an ongoing challenge. Staff continuously worked to find an appropriate balance between respecting young people's increasing autonomy, and their legal rights, as they made the often difficult transition from care experience into a greater level of independence. In finding this balance, staff looked at potential risks to young people's welfare and wellbeing.

Young people benefitted from positive and compassionate relationships with staff. Staff prioritised these and showed high levels of perseverance during more difficult periods. Young people who struggled to feel trust were subsequently able to acknowledge the positive impact of these relationships. Staff made themselves available and used a range of effective ways of staying in touch with young people.

Young people's views and preferences had informed their plans and as a result how they experienced support, though evidence of these in risk assessments was less explicit. They were aware of the service's complaints process and how they might raise concerns to improve these experiences, though had not chosen to go down this route. This had been detailed in the new welcome pack, amongst a wide range of other information aimed at ensuring that young people knew their rights and what to expect. We suggested correcting a small number of remaining inconsistencies in the information.

Independent advocacy was available to all young people to ensure they had a source of support to make their wishes known, though uptake varied. However, staff also played an important role in this area.

The level of satisfaction with the service was high overall. Efforts to improve outcomes in relation to education, skills development and employment should continue as these had been very mixed. Whilst plans must reflect young people's wishes about their support and remain realistic and achievable, support in this area was less evident in the documents we reviewed. The exception here was an impressive commitment to one particular aspect of learning and education, which was a very good example of partnership working and positive outcomes.

The service offered some popular social events, including teatime get-togethers with meals prepared by staff and group sports, though some told us they would appreciate more of these. These provided valuable opportunities to reduce isolation and promote social and cultural belonging.

Most young people described feeling safe though some had experienced difficulties in this area. For example, an extended period of highly disruptive incidents had had a detrimental impact on some young people, who felt this was at least partly a result of the provider's decisions about the suitability of the accommodation. Improved referral assessments and changed approaches, including a move towards harm reduction, had since improved and risk levels had significantly decreased. Management of protection concerns was generally effective and staff were aware of their responsibilities, though further attention was needed to improve some of the key processes involved. We have included these in an area for improvement in 2.2.

How good is our leadership?**3 - Adequate**

We evaluated this key question as adequate. This applies to performance where there are some strengths, but these just outweigh weaknesses.

The SMART (specific, measurable, achievable, relevant and time-bound) improvement plan demonstrated considerable efforts on the part of leaders and staff to evaluate the service's performance and identify how to make improvements. A number of these had been achieved and were making a positive difference, or were underway. We suggested that more specific reference to the Promise and other relevant policy drivers would help ensure the plan is aligned with national priorities.

The team leader had a very broad and demanding range of operational responsibilities. However, the creation of a new senior practitioner post had the potential for increasing capacity for self-evaluation and improvement. This should also allow the team leader to increase her focus on the strategic aspects of her role. Whilst this was a positive development, there had been a delay in progressing the new post and we were unable to evaluate impact.

An increased focus on quality assurance activity had also contributed to progress but there was continued scope for improvement. This should provide leaders with a wider range of reliable information on key performance areas. (See area for improvement 1).

Young people had had more opportunities to give their views and influence service development though interest and engagement had varied. These can help make sure the service is more reflective of their preferences. The service was also in the process of collating and analysing young people's responses to a survey of their experience of groupwork.

Whilst the development of a more systematic approach to incident analysis would be a useful next step, it was clear that there had been learning following a series of very challenging events in the service last year. As a result, there had been recognition of the need for changes in policy and practice, some of which we have detailed in 1.2.

A review of relevant operational policies and procedures and aims and objectives provided a more solid foundation for the service to progress. There had also been an improvement in notifications of significant events to the Care Inspectorate to support more effective scrutiny. However, the system for managing records of incidents and protection concerns and some key protection processes needed attention. (See area for improvement 2).

Significant challenges in the service, particularly last year, had had a negative impact on staff, though there were signs of improving morale. Nevertheless, we heard about increasing levels of need and risk being presented by young people, for which the service had at times felt under-equipped and lacking in resilience. Neither was the service immune to a challenging national context, for example in relation to housing, youth unemployment and financial constraints. The planned review of the service was in its very early stages, but will hopefully present an opportunity for the provider to identify potential improvements. Information technology challenges had created additional barriers to progress and should be addressed without delay.

Changes in the process for assessing referrals to the service for support for young people had not been fully implemented. However, an interim process provided a more robust assessment of the service's suitability and capacity to meet need. This had the potential for avoiding some of the difficulties previously experienced (and negative impact on young people's experiences).

Areas for improvement

1. To support continuous improvement of the service and promote high quality outcomes and experiences for young people, the provider should implement robust quality assurance processes. This should include, but is not limited to, accurate recording of staff training and supervision, and oversight of personal plans.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

2. To implement effective governance and oversight and maximise the provision of high quality care and support, the provider should:

(i) ensure that records of incidents, protection concerns and other significant events are made in such a way that they are readily accessible and provide full details of assessment, decisions and actions and a clear audit trail for managers.

(ii) improve awareness of relevant protection guidance, policies and procedures.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I use a service and organisation that are well led and managed' (HSCS 4.23).

How good is our staff team?

4 - Good

We evaluated this key question as good. The service demonstrated important strengths which taken together, clearly outweighed areas for improvement. The strengths had a significant positive impact on young people's experiences and outcomes.

The staff team had a diverse range of relevant experience, skills and qualifications. They placed a high priority on developing positive relationships and building trust with young people. They recognised that these were an essential foundation for supporting young people to make progress and develop the skills they needed in adult life. Young people also benefited from staff's positive, flexible and effective working relationships with other professionals.

Staff had access to a wide range of relevant learning and development opportunities, though we identified areas where they would benefit from additional training and support, (see area for improvement 1). We have also made an area for improvement relating to training records in 2.2. The input of specialist health staff had contributed to broadening the team's knowledge. An improved training programme for concierge staff was also underway. These staff welcomed the increased recognition of the important role they play in the service and in supporting young people and keeping them safe.

Staff experienced high quality support from leaders (though we noted gaps in the system for recording dates of supervision) and described positive and supportive relationships within the team. They had regular opportunities to meet and discuss their work. All these contributed to improving the delivery of care and young people's outcomes and experiences. With the support of the manager, the team leader provided confident, competent and visible leadership.

Staff had shown motivation and commitment despite a challenging and often stressful time last year. This had had a detrimental impact on morale and wellbeing, though there were indications of recovery. They were concerned for example that referral processes for young people in place at that time did not take account of all relevant factors including group dynamics. We have commented on changes to these in 2.2 earlier in this report.

Areas for improvement

1. In order to equip staff with the skills they need to support young people, the provider should ensure that:

(i) they have appropriate training in infection prevention and control.

(ii) all staff and managers can confidently access and use the Council's ICT systems, with appropriate training where necessary.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14).

How well is our care and support planned?

4 - Good

We evaluated this key question as good. We found important strengths which taken together, clearly outweighed areas for improvement. These strengths had a significant positive impact on people's experiences and outcomes.

The service's processes for planning and delivering care and support were generally effective and contributed to positive outcomes for young people. The format for personal plans (known as Outcome Star) was appropriate and proportionate to a housing support service and covered a wide range of key life areas. Most of the plans we reviewed provided a picture of the support being provided. As a next step, the team should consider how they might develop a more aspirational approach to plans, which would help to maximise their impact. Assessment information could better capture young people's strengths and challenges to inform plans, whilst still being proportionate. More specific timescales and actions to achieve goals would create greater momentum and clarity and help with evaluation of progress. There should also be a consistent approach to naming and storage of relevant documents, including risk assessment and management records and records of reviews.

Staff reviewed risk assessments as needs and circumstances changed to ensure they were up to date and provided clear guidance for minimising harm. Whilst plans reflected young people's voices regarding the nature and extent of the support they wanted, assessment documentation was less successful in this area. These should have explicit reference to discussion with young people and their wishes and preferences.

What the service has done to meet any requirements we made at or since the last inspection

Requirements

Requirement 1

By 15 January 2025, the provider must ensure young people are fully informed of their rights, responsibilities and what they can expect from the housing support service. To do this the provider must, at a minimum, provide young people with a comprehensive welcome pack that:

- a) Clearly outlines the terms and conditions of their contract.
- b) Refers to relevant legislation and regulations.
- c) Highlights relevant policies and procedures.
- d) Identifies the terms and conditions of the agreement.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have time and any necessary assistance to understand the planned care, support, therapy or intervention I will receive, including any costs, before deciding what is right for me' (HSCS 1.18);

and

'I am empowered and enabled to be as independent and as in control of my life as I want and can be' (HSCS 2.2).

This requirement was made on 12 December 2024.

Action taken on previous requirement

There had been clarification of the legal basis of young people's housing support accommodation. Work on the new, improved welcome pack had included a review of expectations and 'house rules' in key areas, including respective roles and responsibilities (of the service, staff and young people). These reflected a process of learning and in some instances a change of approach. The need for this had become increasingly apparent following a particularly challenging period in 2025 and included use of practices aimed at harm reduction rather than one of zero tolerance. We suggested adding more information about how the service will respond to protection and welfare concerns to the welcome pack. We concluded that the provider had met this requirement.

Met - outwith timescales

Requirement 2

By 15 January 2025, the provider must have developed a practice framework that promotes young people's safety, health and wellbeing.

To do this the provider must, as a minimum:

- a) Update the housing support service's aims and objectives.
- b) Identify the suite of housing support service policies and procedures required.
- c) Develop an action plan to review and update the policies and procedures identified .
- d) Engage stakeholders in the consultation and review processes when updating policies and procedures.
- e) Ensure robust quality assurance processes are in place.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11);

and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 12 December 2024.

Action taken on previous requirement

The service had revised its aims and objectives, which made the nature and scope of provision for young people clearer. As a further development, there could be more information about how the service will meet the Health and Social Care Standards and any relevant good practice.

Key operational policies and procedures had also been reviewed and updated accordingly and made available to staff. There was some confusion about which guidance staff should use to respond to protection concerns. Whilst there was no concern about how these matters had been managed, this should be clarified. The team leader had begun to take this forward before we completed the inspection.

There had been some limited involvement of young people in reviewing documents to be included in the new welcome pack. This contained a wide range of relevant information in a well-presented and accessible format. The pack will be put onto the service's website in due course but was already available in an electronic format.

Managers had a range of quality assurance processes for monitoring the service's performance and identifying how it could improve and these were making a difference. However, there was still scope for further development to optimise service delivery and young people's outcomes and experiences. Whilst we concluded that this requirement had been partially met, in light of the progress made, we will replace it with two areas for improvement (see 2.2 for further detail).

Met - outwith timescales

Requirement 3

By 1 December 2024, the provider must ensure concerns surrounding young people's safety and wellbeing are assessed, met and recorded. To do this the provider must, at a minimum:

- a) Access the up-to-date Care Inspectorate guidance 'Records that all registered children and young people's care services must keep and guidance on notification reporting'.
- b) Notify the Care Inspectorate of all relevant incidents, accidents and allegations, in accordance with this guidance.

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I am protected from harm, abuse, bullying and exploitation by people who have a clear understanding of their responsibilities' (HSCS 3.20);

and

'I benefit from a culture of continuous improvement, with the organisation having robust and transparent quality assurance processes' (HSCS 4.19).

This requirement was made on 12 December 2024.

Action taken on previous requirement

Managers were now more familiar with the relevant guidance and had more consistently submitted notifications to the Care Inspectorate, though these should be done more promptly. We made suggestions for improving how the service recorded and stored key records such as protection concerns and incidents (see 1.2 and 2.2).

We concluded that the provider had met this requirement.

Met - outwith timescales

Requirement 4

By 15 January 2025, the provider must ensure effective and efficient service provisions that enhance the overall quality of care provided is reflected in service improvement plans. To do this the provider must, at a minimum;

- a) Ensure the voices of stakeholders influence service improvement planning.
- b) Develop improvement plans that are specific, measurable, achievable and time-bound (SMART).

This is to comply with Regulation 4(1)(a) of The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I can be meaningfully involved in how the organisations that support and care for me work and develop' (HSCS 4.6);

and

'I am actively encouraged to be involved in improving the service I use, in a spirit of genuine partnership' (HSCS 4.7).

This requirement was made on 12 December 2024.

Action taken on previous requirement

Staff had set up a forum for young people to share their views, inform service delivery and improve outcomes. Following initial success, interest had declined. In recognition of this, it had been decided that staff would continue to encourage them to share their experiences of the service and make suggestions on an individual basis. Opportunities for taking part in social groups were still available and had the potential for generating ideas. Young people continued to have access to exit questionnaires to record their views of the service. These reflected some of the issues leaders had identified as needing further improvement.

The positive relationships that staff had with other professionals with whom they worked most closely, including nurses for care experienced young people and Angus Council housing staff, provided a foundation for views to be shared. There were ongoing discussions with partners at more senior level about the wider development and direction of the service and a planned review of the service was in its initial stages, though it was too early to evaluate impact.

The service had developed a comprehensive SMART improvement plan. Some goals and actions had been achieved and some were underway. Capacity at leadership level had restricted the service's ability to move forward with some developments. The appointment of a senior practitioner should allow greater momentum to be achieved, though this will take some time to be fully realised.

We concluded that the provider had partially met this requirement. In light of the service's increasing capacity for improvement however, we will remove the requirement and replace it with an area for improvement (see 2.2).

Met - outwith timescales

Requirement 5

By 15 January 2025, the provider must ensure that a comprehensive training schedule for all staff has been developed and implemented. To do this the provider must, at a minimum:

- a) Identify and schedule mandatory core training for all staff.
- b) Include child and adult protection/vulnerable adult training.
- c) Evidence commitment to a trauma informed approach.
- d) Conduct a skills assessment to identify the training needs of individual staff members, relevant to their job and responsibilities.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I have confidence in people because they are trained, competent and skilled, and are able to reflect on their practice and follow their professional and organisational codes' (HSCS 3.14);

and

'I experience high quality care and support because people have the necessary information and resources' (HSC 4.27).

This requirement was made on 12 December 2024.

Action taken on previous requirement

The service had identified mandatory training for staff at all levels, including child and adult protection and learning and development in trauma-informed practice. The record of training was incomplete and suggested a number of gaps in this training. However, managers assured us that, with the exception of trauma training for concierge staff, which had yet to be developed, all staff had done the essential training, which was also covered as part of staff supervision. Managers do however need a reliable tool to allow them to monitor completion of training. We understand that this was available but training on how to use it had not yet been provided by the Council. Managers agreed to follow this up. We also asked managers to consider including relevant training in infection and prevention and control.

The skills assessment would benefit from analysis of the review and identification of any additional learning required by the team, which can be incorporated into the service's improvement plan.

The provider had partially met this requirement however, we concluded that the extent of progress made indicated that replacing it with an area for improvement would be appropriate.

Met - outwith timescales

Requirement 6

By 15 January 2025, the provider must ensure that all staff are working together so that care and support is consistent. To do this the provider must, at a minimum:

- a) Explore staff understanding of roles and responsibilities.
- b) Review the responsibilities of the overnight concierge service, identifying areas for improvement.
- c) Ensure young people's needs, plans, support strategies and any issues arising are shared amongst all staff.

This is to comply with Regulation 4(1)(a) (Welfare of Users) of the Social Care and Social Work Improvement Scotland (Requirements for Care Services) Regulations 2011 (SSI 2011/210).

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My care and support is consistent and stable because people work together well' (HSCS 3.19);

and

'I am supported and cared for by a team or more than one organisation, this is well coordinated so that I experience consistency and continuity' (HSCS 4.17).

This requirement was made on 12 December 2024.

Action taken on previous requirement

Staff had had opportunities to discuss their roles and responsibilities, for example in team development days, though some felt that further opportunities for improving skills and knowledge in some areas were needed. Roles and responsibilities of staff had also been detailed in information provided for young people in the form of a new welcome pack, to support clarity of expectations.

There had also been recognition of the important role played by concierges in supporting young people. The need for suitable training to allow them to maximise their contribution and keep themselves and young people safe, particularly in light of their lone working arrangements, was understood. Identifying and providing most of this training had been an essential step in the improvement process and should continue. A series of challenging events during last year in particular, many of which took place outside office hours when registered staff were not available, had inevitably led to concerns about the capacity of the service as a whole to meet young people's needs. This did not reflect on concierge staff but will form part of the planned review of the service by the provider.

In the meantime, the need for concierge staff to have ready access to relevant information about young people (proportionate to their roles and responsibilities and underpinned by respect for confidentiality) had been understood and acted on and had made a difference. The team leader provided ongoing support to the concierge team, which they welcomed. Arranging more regular opportunities for them to meet as a team had been more of a challenge. However, lengthy delays in providing access to (and training for) the Council's electronic systems was a further barrier to progress which should be addressed without further delay.

We concluded that the provider had substantively met this requirement. The full training programme for concierges is still to be developed though progress had been made. We have included an evaluation of personal planning and management of related records in 5.1.

Met - outwith timescales

What the service has done to meet any areas for improvement we made at or since the last inspection

Areas for improvement

Previous area for improvement 1

To promote young people's health, wellbeing, learning and development, the provider should ensure group programmes are developed to meet identified needs of young people. This should include, but is not limited to, recording attendance, and seeking and analysing feedback from young people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'I experience high quality care and support based on relevant evidence, guidance and best practice' (HSCS 4.11);

and

'I am supported to give regular feedback on how I experience my care and support and the organisation uses learning from this to improve' (HSCS 4.8).

This area for improvement was made on 12 December 2024.

Action taken since then

The service had developed clear aims and objectives for the groupwork programme and had begun recording attendance. The process of seeking feedback from young people had recently commenced and the intention was that any learning would inform future groupwork provision. We suggested that young people's individual plans incorporate groupwork where applicable and specifically evaluate their progress in this area.

Previous area for improvement 2

To ensure young people know of their right to raise issues and concerns formally and informally, the provider's complaints process should be visible, accessible and shared with young people.

This is to ensure that care and support is consistent with the Health and Social Care Standards (HSCS) which state that:

'My human rights are central to the organisations that support and care for me' (HSCS 4.1);

and

'I am supported to understand and uphold my rights' (HSCS 2.3).

This area for improvement was made on 12 December 2024.

Action taken since then

The new welcome pack for young people included information in an accessible format about how to make a complaint and will in due course be available on the service's website. We suggested including some additional information however, feedback from young people indicated they were aware of their rights in this area.

Complaints

There have been no complaints upheld since the last inspection. Details of any older upheld complaints are published at www.careinspectorate.com.

Detailed evaluations

How well do we support people's wellbeing?	4 - Good
1.2 People get the most out of life	4 - Good
How good is our leadership?	3 - Adequate
2.2 Quality assurance and improvement is led well	3 - Adequate
How good is our staff team?	4 - Good
3.2 Staff have the right knowledge, competence and development to care for and support people	4 - Good
How well is our care and support planned?	4 - Good
5.1 Assessment and personal planning reflects people's outcomes and wishes	4 - Good

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